

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000075852**1. Entity Name
REDMOND CAPITAL CORP.

Principal Place of Business

1255 WEST PENDER ST.

VANCOUVER, B.C.

V6E 2M4

CA

Mailing Address

1255 WEST PENDER ST.

VANCOUVER, B.C.

V6E 2M4

CA

2. Principal Place of Business

1764 WEST 7TH AVENUE

3. Mailing Address

1764 WEST 7TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

VANCOUVER, B.C.

BC

City & State

VANCOUVER, B.C.

BC

Zip

V6J 5A3

Country

CA

Zip

V6J 5A3

Country

CA

4. FEI Number

98-0176487

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CEATIONS ENTERPRISES, INC.

941 FOURTH STREET

#200

MIAMI BEACH

33139

US

FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/30/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BELYEA A R	
STREET ADDRESS	7486 BARRYMORE DR.	
CITY-ST-ZIP	NORTH DELTA BC V4C 6X4	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH RICHARD	
STREET ADDRESS	HENVILLE BLDG. MAIN ST.	
CITY-ST-ZIP	CHARLESTOWN, NEVIS	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAGADIN JOHN	
STREET ADDRESS	520-715 5TH AVE., S.W.	
CITY-ST-ZIP	CALGARY, ALBERTA	
TITLE	C	<input type="checkbox"/> Delete
NAME	WILKINS CLIFFORD	
STREET ADDRESS	10 KESTRAL CLOSE	
CITY-ST-ZIP	EWSHOT, FARNHAM SURREY	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LOEWEN BYRON	
STREET ADDRESS	1004-1708 DOLPHIN AVE.	
CITY-ST-ZIP	KELOWNA BC V1Y 9S4	
TITLE	P	<input type="checkbox"/> Delete
NAME	PALMER JOHN	
STREET ADDRESS	HENVILLE BLDG. MAIN ST	
CITY-ST-ZIP	CHARLESTOWN, NEVIS	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINS CLIFFORD	
STREET ADDRESS	10 KESTRAL CLOSE	
CITY-ST-ZIP	EWSHOT, FARNHAM SURREY SU	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EPP SHELDON RICHARD	
STREET ADDRESS	11616 CORY DRIVE	
CITY-ST-ZIP	DELTA BC V4E 1T3	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RETIEF JOHANNES LE ROUX	
STREET ADDRESS	440 STEVENS DRIVE	
CITY-ST-ZIP	WEST VANCOUVER BC V7S 1C6	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Johanne le Roux Retief

P

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)